

**DOMESTIC
NONPROFIT CORPORATION
INDEPENDENT LOCAL CHURCH**

STATE OF MAINE

**CHANGE OF CLERK
and/or
ADDRESS**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to [13 MRSA §3025](#) the undersigned corporation executes and delivers for filing the following Change of Clerk and/or Address:

FIRST: ("X" all boxes that apply)

- | | | | | | |
|-----------|--------------------------|-------------------|-----------|--------------------------|---------------------------------|
| A. | <input type="checkbox"/> | change of address | B. | <input type="checkbox"/> | change of clerk and address |
| C. | <input type="checkbox"/> | change of clerk | D. | <input type="checkbox"/> | change in name of current clerk |

SECOND: The name and address of the clerk appearing on the record in the Secretary of State's office:

(name of current clerk)

(street, city, state and zip code)

THIRD: Complete this Item as follows based on your selection in Item First:

- A.** The new address (provide address information only);
- B.** The name and address of the **new** clerk (provide name and address information);
- C.** The name of the **new** clerk (provide name only); **OR**
- D.** The new name of the current clerk (provide name only).

(name of new clerk or new name of current clerk)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

DATED _____

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

(1) *This document **MUST** be signed by the clerk or other duly authorized officer

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**